



FACULTY DISCLOSURE FORM

Employee Education System must insure balance, independence, objectivity, and scientific rigor in all EES sponsored educational activities. All faculty participating in an EES-sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship with: (1) the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this educational presentation and (2) any commercial supporters of the activity. **Significant financial interest or other relationship can include such things as grant or research support, employee, consultant, major stockholder, member of speakers bureau, etc.** The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

When a use not approved by the FDA of a commercial product, or an investigational product not yet FDA approved for any purpose is discussed during an educational activity, EES shall require the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.

TITLE OF ACTIVITY: _____

DATE: _____

PRESENTER/FACULTY NAME: _____

TITLE OF PRESENTATION: _____

Please complete.

1. Will this presentation include discussion of any commercial products or services?

YES ☐

NO ☐

If YES:

2. Do you have a significant financial interest or other relationship with the manufacture(s) of any of the product(s) or provider(s) of any of the services you intend to discuss in this presentation?

YES ☐

NO ☐

If YES, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

This activity is supported by an educational grant from _____ () None.

3. Do you have a significant relationship(s) with the commercial supporter(s) of this activity?

YES ☐

NO ☐

If YES, please list the relevant commercial supporter(s) and describe the nature of the relationship(s).
(Please note if answer is the same as #4.)

4. Will this presentation include reference to drugs or medical devices?

YES ☐

NO ☐

4a. Will you discuss any uses not approved by the FDA for pharmaceuticals or medical devices? If YES, please list: YES ☐

NO ☐

Please note that if any questions are posed to you during your presentation that require you to address any such unapproved uses, that you clarify that to the audience in your response.

Signature

Date

FAX completed forms to: Mr. Tom Smith (410) 436-4117 or email to
Thomas.Smith@apg.amedd.army.mil